

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90232 016 ***150.00

DOCUMENT # P94000018267

1. Entity Name
INTERFACE PROPERTIES, INC.

Principal Place of Business

**1200 N. FEDERAL HWY
 SUITE 200
 BOCA RATON FL 33432
 US**

Mailing Address

**1200 NO FEDERAL HWY
 SUITE 200
 BOCA RATON FL 33432
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2300 GLADES RD
 Suite, Apt. #, etc.
 #230 W**

3. Mailing Address

**2300 GLADES RD
 Suite, Apt. #, etc.
 #230 W**

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number **65-0489400**

Applied For
☐ Not Applicable

Zip
33431

Country
USA

Zip
33431

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOODMAN, KENNETH
 1200 N FEDERAL HWY
 #200
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **KENNETH GOODMAN**
 Street Address (P.O. Box Number is Not Acceptable)
**2300 GLADES RD
 #230 W**
 City **BOCA RATON** FL Zip Code **33431**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Kenneth Goodman**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT 1/31/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, DANIEL	
STREET ADDRESS	1200 N. FEDERAL HWY SUITE 200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, CAROL	
STREET ADDRESS	1200 N. FEDERAL HWY STE 200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOODMAN, KENNETH	
STREET ADDRESS	1200 N. FEDERAL HWY STE 200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Kenneth Goodman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 561-750-5260
 Date Daytime Phone #

CR2E034 (9/01)